U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 171 2 2	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sean J Ryan	Name Laborers' District Council of Chgo & Vicinity
	Labor Organization File Number 014-796
P.O. Box, Bldg., Room No., if any Suite 300	P.O. Box, Building and Room Number, if any Suite 300
Street 999 McClintock Dr.	Street 999 McClintock Dr.
City Burr Ridge	City Burr Ridge .
State Illinois ZIP Code + 4 60527-0844	State Illinois ZIP Code + 4 60527-0844
5. Position in labor organization. Organizer	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	And the state of t
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
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Signed Slaw, Cilam	On 8/10/2005 630/655-8289
· /	Date Telephone Number

Name of Person Filing Sean Ryan	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Chgo Area Laborers-Employers Coop & Educ Tru  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 302  Street 999 McClintock Dr.  City Burr Ridge  State Illinois ZIP Code + 4 60527-0844	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing.  LECET promotes union contractors and union laborers in the construction industry in a nine county area	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  LECET hosts an annual safety incentive luncheon which honors unon contractors' and laborers' dedicated to safety in the ocnstruction industry workplace. The value of the lunch and coaster is \$56.00	
	12.b. Amount. \$56	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any),	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	